per year of life saved (adjusting for changes in quality of life) clearly exceeds levels generally available elsewhere in the health sector . . . ." Finally, "What is optimal medical care for the individual patient may not be optimal when we, as society collectively, consider what it is costing us."

In the past few years the market has been flooded with hurriedly compiled and poorly edited books whose authors were eager to cash in on the growing interest in health policy issues without much regard for the quality of the writing or even the content. In welcome contrast this book sets a strong example for future efforts by those who would advance our understanding of these enormously complex but central issues. The editors and contributors have given medicine a benchmark for determining the contributions of a large portion of surgical treatment to the welfare of individual patients and the American public. They have given policy makers and planners a perspective on costs and risks and on the inadequacy of current formulations for estimating aggregate benefits. I hope work is already underway to improve such analyses and extend them to other major fields of medicine.

Aspirin and the Prevention of Myocardial Infarction

Will aspirin prevent myocardial infarction?

DR. WALSH: "My emotional response is that it offends my scientific sensibilities to a certain extent because I think one has to look for hard-nosed proof in this very difficult area of clinical trial work. The other point I would like to make is that aspirin is not a harmless form of therapy as so many people would propose: 'Aspirin has been around for years, most people take it, and therefore it can't be very harmful.' . . . On the other hand, there is growing evidence, I think, that aspirin administration can have harmful and even fatal consequences. As to bleeding consequences —it is certainly well known that the number of aspirin tablets received correlates very positively with the amount of blood found in stool. The incidence of asthma and other allergic reactions induced by aspirin, I think, has to be reckoned with and I do not think that it is warranted to simply use aspirin treatment in patients without showing that it is effective."

If one does use aspirin as an antithrombotic agent, what is the suggested dose?

DR. FRATANTONI: "Well, of course, the studies are still going on, but in most of the studies the dosage range is somewhere between 600 and 1,200 mg per day. The study being conducted right now by the Heart and Lung Institute is using 1 gram per day."

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